

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/089,266

Confirmation No.: 4677

Applicant:

: Kim, M.K. et al.

Filed:

: 11/13/2002

Art Unit

: 2623

Examiner

: Tarcu, Robert

Docket No.

: 1372.327.PRWOUS

Customer No.

: 21,901

For

: Digital Interference Holographic Microscope and Methods

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER NOTICE OF ALLOWANCE

1. Transmitted herewith is an amendment after Notice of Allowance for this application.

STATUS

2. Applicant is an independent inventor.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING

(37 C.F.R. 1.10)

I HEREBY CERTIFY that this correspondence is being transmitted to the United States Patent and Trademark Office with sufficient postage by express mail label no. EV 881315485 US addressed to: Mail Stop Issue Fee, Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 18, 2006.

Dated: August 18, 2006

Opril Jurley
April Turley

(Amendment Transmittal-page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment			(Col. 2)	(Col. 3) SMALL ENTITY			
			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	9	Minus	20	= 0	x \$25 =	\$0	
Indep.	3	Minus	3	= 0	x \$100 =	\$0	
First Pre	sentation o	f Multiple D	Dependent Claim	1	+ \$180 =	\$0	
					Total	50	• •

Addit. Fee \$0

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 57,422 Tel. No.: (813) 925-8505 Thomas E. Toner Smith & Hopen, P.A. 180 Pine Avenue North Oldsmar, Florida 34677

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.



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AMENDMENT AFTER NOTICE OF ALLOWANCE

Dear Sir or Madam:

In response to the **NOTICE OF DRAWING INCONSISTENCY WITH SPECIFICATION** mailed July 26, 2006, having a period for response set to expire August 26, 2006, the above-identified patent application is amended as follows: